

MI-WIC POLICY

Administration

1.0 Administration

1.09 Civil Rights

Effective Date: DRAFT

Exhibit A

State of Michigan WIC Program/WIC Division Discrimination Complaint Form

Name of Complainant:

Address:

Telephone:

Name of Person filing complaint (if different than complainant):

Address:

Phone: _____

Name of Local Agency:

Contact Person:

Address:

Phone: _____

Basis for alleged discrimination - Circle all those that apply:

Race Color National Origin Age Sex Disability

Date(s) alleged discrimination occurred:

List names, titles, and business address(es) of any person(s) who may have knowledge of the discriminatory action:

Describe, in as much detail as possible, the nature of the incident that led to the filing of this complaint.
(Attach additional sheets, if needed.):

Submit this form to both: Director
USDA-Office of Adjudication and
Compliance
1400 Independence Ave., SW
Washington, DC 20250-9410

Director, Nutrition Program & Evaluation Section
MDCH, WIC Division
Lewis Cass Building
320 South Walnut
Lansing, MI 48913

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